PTO/SB/17 (01-06)
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	-i-4i A-4 2005 (U.D. 4848)	Complete if Known			
Fees pursuant to the Consolidated Approp		Application Number	10/686,083		
FEE TRANS	WIIIAL	Filing Date	October 15, 2003		
For FY 20	006	First Named Inventor	Narayan SUNDARARAJAN		
		Examiner Name	B. Forman		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1634		
TOTAL AMOUNT OF PAYMENT	(\$) 910.00	Attomey Docket No.	070702009310		

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TOTAL AMOUNT OF PAYM	ENT (\$)	910.00	Attomey Docket N	No.	07070200931	0					
METHOD OF PAYMENT (check all that apply)											
Check Credit Card	d Mon	ey Order No	ne Other (p	olease ide	entify):						
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP											
For the above-identifie	ed deposit acc	ount, the Director is	s hereby authorize	d to: (ch	eck all that apply	·)					
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)											
1. BASIC FILING, SEARCH,	AND EXAMIN	ATION FEES									
	FILING F		ARCH FEES	EXAM	INATION FEES	3					
Application Type		all Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees Pa	aid (\$)				
Utility	300	150 500	250	200	100						
Design	200	100 100	50	130	65	·					
Plant	200	100 300	150	160	80						
Reissue	300	150 500	250	600	300						
Provisional	200	100 0	0	0	0	,					
2. EXCESS CLAIM FEES							Small Entity				
Fee Description	D ' \					Fee (\$)	Fee (\$)				
Each claim over 20 (including	•	Paissuas)				50 200	25				
Each independent claim over Multiple dependent claims	5 (menuanig r	(eissues)		•		200 360	100 180				
•			Paid (\$)	Multiple Dependent			100				
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HP = highest number of total claims	paid for, if greate	er than 20.					<u> </u>				
Indep. Claims Extra Cla	ims Fee	(\$) Fee l	Paid (\$)								
4 -4=	x	 =									
HP = highest number of independer	nt claims paid for,	if greater than 3.									
3. APPLICATION SIZE FEE	ings avased 1	00 aboata af manar	(avaluding alastra	mically	filed coguence o	roomnuter					
If the specification and draw listings under 37 CFR 1.5		• •		•	-	•					
sheets or fraction thereof.	. ,,,		•		• •						
Total Sheets Extra	a Sheets	Number of each a	idditional 50 or frac	tion there	eof Fee (\$)	Fee P	aid (\$)				
100 =	/50)	(round up to a whol	e number	r) x	=					
4. OTHER FEE(S)	ተነ ግር ር /					Fees P	Paid (\$)				
Non-English Specification Other (e.g., late filing surc	, \$130 fee (n 1801	o small entity disc Request for con	ount) tinued examinati	ion (RC	F) (see 37	790	0.00				
Other (e.g., late Illing surc	narge): 1251	Extension for re	sponse within fire	st mont	h		0.00				
SUBMITTED BY	//						1-1-1				
Signature	111		Registration No.	42,465	Telephone	(703) 760	-7755				
Name (Print/Type) Raj S. Dave			(Attorney/Agent)		Date	December 1					
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